

**PONCE, PR 00717**

# Pre-Placement Physical Examination

**HOMECA RECYCLING**  
**1575 AVE, MUÑOZ RIVERA**  
**PMB #120**  
**PONCE, PR 00717**

Patient Name: MELVIN FELICIANO-APONTE

Position: SUPERVISOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

## Physician's statement:

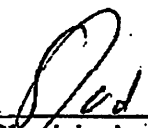
I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person *cannot* perform the job as defined.

Physician's Comments: Idap and Influenza vaccines  
re commended.

  
Physician's signature

5/9/13  
Date

Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: GERALDO COLLAZO-RAMOS

Position: SUPERVISOR

Procedures:                      General Physical Examination                      Spirometry test  
   X-Ray    Lead Blood  
   CBC    U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person **cannot** perform the job as defined.

Physician's Comments: Idop and Influenza vaccines  
recommended

  
Physician's signature

10/7/13  
Date



Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: ISMAEL BONES-DIAZ

Position: LABOR

Procedures:                      General Physical Examination                      Spirometry test  
   X-Ray    Lead Blood  
   CBC    U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

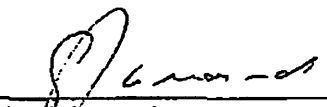
☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

  
\_\_\_\_\_  
Physician's signature

6/19/13  
\_\_\_\_\_  
Date

Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: JOSE MIGUEL RODRIGUEZ-CORA

Position: LABOR

Procedures:                      General Physical Examination                      Spirometry test  
   X-Ray    Lead Blood  
   CBC    U/A

**Physician's statement:**

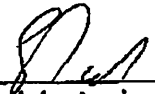
I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: Blood lead levels close to  
allowable exposure limit. Exposure should  
be minimized or avoided.

  
Physician's signature

6/19/13  
Date

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**PONCE, PR 00717**

Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: ELISEO CARABALLO-MARTINEZ

Position: TECHN.

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person **cannot** perform the job as defined.

Physician's Comments: \_\_\_\_\_

  
\_\_\_\_\_  
Physician's signature

7/9/13  
\_\_\_\_\_  
Date



Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: ANGEL I. SILVA-GARCIA

Position: TECHN.

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒

Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐

I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐

I find the person **cannot** perform the job as defined.

Physician's Comments: \_\_\_\_\_



Physician's signature

7/9/13

Date



Servicios de Salud Industrial

1255 Paseo Las Monjitas, Ste. 210, Avenida Tito Castro, Ponce, PR 00780-4222 Tel. (787)-844-6640 Fax (787)-812-0423 [sispr.com](http://sispr.com)

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### MEDICAL RELEASE FORM

Patient Name: Hector Montañez Cintrón  
Company Name: Homeca  
Examination Date: 5-9-13

The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.

☒ RECOMMENDED USING THE FOLLOWING RESPIRATOR

☒ Half Face

☒ Full Face

☐ SCBA

☐ SAR

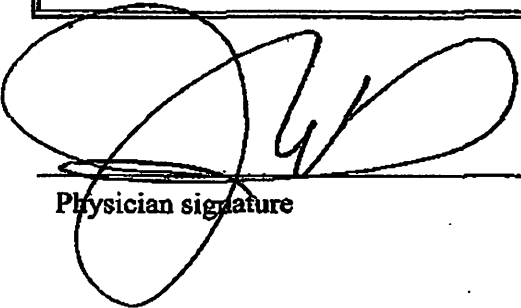
☐ PAPR

☐ NOT RECOMMENDED USING RESPIRATOR

☒ COMMENTS

*He is not present contraindications  
Respiratory for use respirator*

Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.

  
Physician signature

7215  
License Number

7/5/2013  
Date

\*The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.



### MEDICAL RELEASE FORM

Patient Name: Javier Pabón morales

Company Name: Homeca

Examination Date: \_\_\_\_\_

The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.

☒ RECOMMENDED USING THE FOLLOWING RESPIRATOR

☒ Half Face

☒ Full Face

☐ SCBA

☐ SAR

☐ PAPR

☐ NOT RECOMMENDED USING RESPIRATOR

☒ COMMENTS

Not present with adequate controls for  
use respirator

Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.

Physician signature

License Number

Date

\*The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.



### MEDICAL RELEASE FORM

Patient Name: Felix R. Valentin Cova  
Company Name: Homeca  
Examination Date: 5/Sep/13

The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.

☒ RECOMMENDED USING THE FOLLOWING RESPIRATOR

☒ Half Face

☐ Full Face

☐ SCBA

☐ SAR

☐ PAPR

☐ NOT RECOMMENDED USING RESPIRATOR

☒ COMMENTS

He not present with any indication  
Respiratory for use respirator.

Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.

Physician signature

7019

License Number

9/5/13

Date

**\*The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.**



### MEDICAL RELEASE FORM

Patient Name: Emmanuel Ramos Maldonado  
Company Name: Homeca  
Examination Date: 5/Sept/2013

The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.

☒ RECOMMENDED USING THE FOLLOWING RESPIRATOR

☒ Half Face

☒ Full Face

☐ SCBA

☐ SAR

☐ PAPR

☐ NOT RECOMMENDED USING RESPIRATOR

☐ COMMENTS

*Not present contraindications  
for use Respirator*

Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.

Physician signature

License Number

Date

**\*The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.**



## MEDICAL RELEASE FORM

Patient Name: Santos D Ruiz Lechman

Company Name: HCMCC

Examination Date: 9-5-13

The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.

☒ RECOMMENDED USING THE FOLLOWING RESPIRATOR

☒ Half Face

☒ Full Face

☐ SCBA

☐ SAR

☐ PAPR

☐ NOT RECOMMENDED USING RESPIRATOR

COMMENTS

*He has present contraindications  
for use of respirator*

Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.

Physician signature

License Number

Date

The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.



## MEDICAL RELEASE FORM

Patient Name: José E. Santiago Delgado

Company Name: Hormeca

Examination Date: 5 Sept 2013

The above named patient/employee has undergone a Physical examination and obligatory clinical history as per OSHA 29 CFR 1910.134(b) (10) Respiratory Protection, and was found.

☒ RECOMMENDED USING THE FOLLOWING RESPIRATOR

☒ Half Face

☒ Full Face

☐ SCBA

☐ SAR

☐ PAPR

☐ NOT RECOMMENDED USING RESPIRATOR

☒ COMMENTS

*Do not prevent continuation of respiratory protection*

Note: Tobacco smoker have been advised that they incur a substantially greater risk, including increased risk of lung cancer and cardiopulmonary disease if they continue to smoke while working with asbestos.

Physician signature

License Number

Date

☒ The final decision for employment is responsibility of the company who refers the patient and not of Caribbean Medical Testing Center or its employees.

# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: ALEXIS RIVERA-ROBLES

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: 1 dop and Influenza  
vaccines recommended.

[Signature]  
Physician's signature

10/3/15  
Date



# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: GEOVANIE GONZALEZ-PEREZ

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:


I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: 1d op and influenza  
vaccines recommended

  
Physician's signature

10/7/13  
Date

Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: JUAN H. LOPEZ-CANDELARIO

Position: SUPERVISOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: Must see personal MD for blood

pressure control, hematuria evaluation, DM,  
Renal disease follow-up and vaccines - (Tdap and  
influenza).

[Signature]  
Physician's signature

10/7/13  
Date

Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: CARLOS J. PIZARRO-SANTOS

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**


I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: Tdap and Influenza vaccines  
recommended

  
Physician's signature

10/7/13  
Date



# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: EUSEBIO FRANCESCHINI-ROMAN

Position: LABOR

Procedures:                      General Physical Examination                      Spirometry test  
   X-Ray    Lead Blood  
   CBC    U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: Top and Influenza  
vaccines recommended

SP  
Physician's signature

10/2/13  
Date

# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

FMB #120

PONCE, PR 00717

Patient Name: EDERICK J. CAQUIAS-VELAZQUEZ

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☐ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☒ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined.  
Hernia - Should not do any straining.

☐ I find the person cannot perform the job as defined.

Physician's Comments: Must be seen by surgeon for hernia evaluation.

[Signature]  
Physician's signature

10/7/13  
Date

# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: EMILIO BONET-ECHEVARRIA

Position: SUPERVISOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person **cannot** perform the job as defined.

Physician's Comments: Urine exam should be repeated.  
Should consult personal MD about that.  
Td ap and influenza vaccines recommended.

  
Physician's signature

10/7/13  
Date

Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: JUAN RODRIGUEZ-RIVERA

Position: TECHN.

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:


☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

  
Physician's signature

10/7/13  
Date



Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: DANIEL VARGAS-VILLAR

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒

Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐

I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐

I find the person **cannot** perform the job as defined.

Physician's Comments: To op and influenza

vaccines recommended.



Physician's signature

10/5/13

Date



Servicios de Salud Industrial

1255 Paseo Las Monjitas, Ste.210, Avenida Tito Castro, Ponce, PR 00730-4222 Tel. (787)-844-6640 Fax (787)-812-0423 [sispr.com](http://sispr.com)

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# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: OSVALDO FELICIANO-RUIZ

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments:

Id apard influenza  
no es una recomendación

ST  
Physician's signature

10/7/13  
Date

# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: HARRIS MORALES-SANTIAGO

Position: SUPERVISOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: Should see personal MD for  
blood pressure control. Top and influenza  
vaccines recommended

  
Physician's signature

10/7/13  
Date

# Pre-Placement Physical Examination

**HOMECA RECYCLING**  
**1575 AVE, MUÑOZ RIVERA**  
**PMB #120**  
**PONCE, PR 00717**

Patient Name: JORGE L. TORRES-MATOS

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

## Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person **cannot** perform the job as defined.

Physician's Comments: Id op and influenza  
vaccines recommended

  
Physician's signature

10/7/13  
Date

# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: JORGE E. VELAZQUEZ-IRIZARRY

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

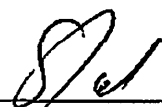
I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person cannot perform the job as defined.

Physician's Comments: Influenza vaccine recommended.  
Should continue Diabetes care with  
personal MD

  
Physician's signature

10/7/13  
Date

**HOMECA RECYCLING**  
**1575 AVE, MUÑOZ RIVERA**  
**PMB #120**  
**PONCE, PR 00717**







Pre-Placement Physical Examination

**HOMECA RECYCLING**

**1575 AVE, MUÑOZ RIVERA**

**PMB #120**

**PONCE, PR 00717**

Patient Name: ISMAEL BONES-DIAZ

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

**Physician's statement:**

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒

Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐

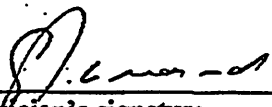
I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐

I find the person cannot perform the job as defined.

Physician's Comments: \_\_\_\_\_

\_\_\_\_\_

  
Physician's signature

6/19/13  
Date

**PONCE, PR 00717**

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**PONCE, PR 00717**

# Pre-Placement Physical Examination

## HOMECA RECYCLING

1575 AVE, MUÑOZ RIVERA

PMB #120

PONCE, PR 00717

Patient Name: ALEXIS RIVERA-ROBLES

Position: LABOR

Procedures:	General Physical Examination	Spirometry test
	X-Ray	Lead Blood
	CBC	U/A

### Physician's statement:

I have examined the patient named above. I have also reviewed the results of the test listed above. The employee has answered Medical Evaluation Questionnaire, Appendix C, OSHA 29 CFR 1910.134(e), and undergone a Physical Examination as per OSHA 29 CFR 1910.134(b)(10) and 29 CFR 1926.1101, Medical Section of Asbestos Ruling, and Toxic and Hazardous Substances Standard 1910.1025(j)(3)(i)(A) to 1910.1025(k)(2)(vii) related to Lead exposure. We found this person:

☒ Qualified to use a respirator and comply with Asbestos medical standard and Lead medical surveillance program. I find the person physically fit to perform general work.

☐ I find the person has the following impairment(s) and have noted where the following accommodations are necessary to perform the job as defined. \_\_\_\_\_

☐ I find the person **cannot** perform the job as defined.

Physician's Comments: Tdap and Influenza  
vaccines recommended.

[Signature]  
Physician's signature

10/7/13  
Date